

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IĐ NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	A	32	3/9
FORMALITY REVIEW	1	TC846	0/3-19.01
RESPONSE FORMALITY REVIEW	nel	1020	5-17-01

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeai
÷	Restricted	0	Objected

\	₹	Restricted U .	Object	ea .
Claim	Date	Claim Date	Claim	Date
Final Original CO Co.		Final	Final	
0 + VV		51	101	
		52	102	
3 , 7 0		53	103	
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5 1/1		55	105	
6	+++++	56	106	
8 0		57	107	
	 	58 59	108	
18	┤┤┤	60	109	
111	 	61	110	
12		62	112	
. 13	 	63	113	+++++
14		64	114	
15		65	115	
16		66	116	
. 17		67	117	
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19		69	119	
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21		71	121	
22		72	122	
23		73	123	
25		74	124	
26		75 76	125	
27	 	77	126	
28	 	78	128	
29		79	129	
30		80	130	
31		81	131	
32		82	132	†
33		83	133	
34		84	134	
35		85	135	
36		86	136	
37 38	 	87	137	
39		88	138	
40		89	139	
	 	90	140	++++
41 42		91	141	
43	 	92	142	
44		93 94		,
45	┍╶┧╶╏╸╏	95	144	, +
46		96	146	╎┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋
47	 	97	147	┦╏╏┩╌╏╸╏╸┩╺╏╸ ╏┆
48		98	148	╏╏╏╏
49		99	149	╿╴╿╸╿╸╏╶┩╸┨ ╌ ┩╸ ┨╾┫
50		100	150	

If more than 150 claims or 10 actions staple additional sheet here